



DECLARATION OF ENTITLEMENT

For TOTALLY DISABLED WORKER BENEFITS UNDER INDUSTRIAL INSURANCE

Reminder

If you are signing with power of attorney, submit a copy of that document if you have not done so already. For your protection, your signature is used for comparison with endorsement on checks payable to you.

For benefits to continue without interruption this Declaration of Entitlement must be completed in full, signed, notarized and returned within 30 days.

Print name of totally disabled worker	
Mailing address	
City	State ZIP
Residence is the same as MAILING address: Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, list residence address	

Have you worked since you submitted the last declaration form? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when did you start?	
Number of days worked per week	Average earnings per week \$
Employer's name	
The children / dependents reside with me Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, list names and addresses of dependents not residing with you.	

Any change in status of dependents or children for whom you are receiving pension benefits must be reported. Changes in dependency circumstances may require an adjustment in the monthly entitlement. Dependency changes include death, marriage, incarceration, emancipation or change in care and custody. **Failure to report dependent changes or incarcerations in order to receive benefits for which you may not be entitled may result in civil or criminal charges.**

Have you ever been convicted of a crime and under sentence since you submitted the last Declaration of Entitlement form?

Yes ☐ No ☐ If yes, when? Where?

Has there been any type of change in your marital status (death of spouse, divorce, marriage, etc)?

☐ Yes ☐ No If yes, give date and list status change

Notary Signature Required

Subscribed and sworn to before me this date
Notary public signature
For the state of
Residing at
My commission expires

Under Penalty of perjury, I declare the above statements true. If you sign by **mark**, please have a witness print your name, then personally make your mark.

Social Security # (ID only)	Phone #
Date	Signature
<i>If signed by mark, witness signature here.</i>	